For Departmental Use Only

STATEMENT OF CLAIMANT FORM FOR

DOMESTIC USE

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LITTLE COLORADO RIVER WATERSHED ADJUDICATION SUPERIOR COURT OF APACHE COUNTY

1.	Claimant	Name:					
	Claimant Address:			City			
		State:	Zip Code	Teleph	one		
2.	Basis of (Claim:					
	A. 🗆	Appropriation Right Registry No.	acquired prior to June	12, 1919. 1974 V	Vater Rights	Registration Act	
	В. 🗆	Appropriation Right	acquired after June 12, 1	919. Application N	lo		
		Permit No	, or Certifi	cate of Water Righ	t No	***************************************	
	c . □	Decreed water right. Principal litigants, court, date and case no.:					
	D. 🗆	Right to withdraw gro	oundwater.			The state of the s	
	E. 🗆	Other, describe:	COLUMN TO THE				
3.	. Claimed Priority Date: (month/day/year)						
4. Source of Water:							
	A. 🗆	Stream: name	and a second of the second of	, tributary to	······································		
	В. 🗆	Spring: name	<u> </u>	, tributary to			
	c . □	Lake or Reservoir: na	me	, tributary to			
	D. 🗆	Groundwater					
5.	5. Legal description of the Place of Use and the Point of Diversion: (attach additional sheet if require					•	
County, Section, TownshipN/S, RangeE/W					,		
	Legal Subdivision: (one of the following)¼,¼ of the Section; or						
Assessor Book No, Map No, Parcel No; or							
	Sub	division Name		Block No Lo	ot No		
6.	. If there are Irrigation, Stockpond or Other Uses supplied from the point of diversion, describe:						
7.	Means of	Diversion:				Antonino de la companya de la compa	
7.	A.	Instream pump.					
	B.	Gravity flow into ditc	h canal or nineline				
	C. □	•	Land Department, Arizon	a Water Commission	on or Arizon	a Department of	
	U .		nt to Drill File No		ALIZON	a Deharment OI	
	D. 🗆		it to bill i lie ivo.				
	₽. □	o that, describe					

8.	Number of persons or dwellings served by this use.					
9.	Annual Volume Claimed:acre-feet					
10.	It may be necessary for a representative from the Department of Water Resources to inspect the place of use and diversion. Your signature following will grant permission to enter your property for the purpose of inspection: Signature of Claimant					
11.	Should it be necessary for a representative of the Department to contact you as the claimant or your representative, are there any special instructions regarding time of day or address to aid in locating the specified person?					
12.	Additional comments:					
	(attach additional sheet if required)					
13.	Attach Filing Fee to Form. Mail form(s) and fee(s) to:	AZ DEPT OF WATER RESOURCES ADJUDICATION SECTION PO BOX 458				
14.	Notarized Statement:	PHOENIX AZ 85001-0458				
	I (We),the claimant(s) named in this claim, do hereby certify under penalty of perjury, that the information contained and statements made herein are to the best of my(our) knowledge and belief true, correct and complete.					
	(seal)					
	My Commission Expires:	Notary Public				
	my Commission Expires.	Hotaly I done				
	or,Authorized Pers	onnel of the Department of Water Resources				